

			78		
Revision:	HCFA-PM-87-14 OCTOBER 1987	(BERC)		OMB No.:	0938-0193
	State/Territory	·:	Maine	·	_
Citation 42 CFR 100 AT-79-54 48 FR 3742 51 FR 3477	2.203 <u>Pra</u> (a)	All remet.	of Providers and Suspensiners and Other Individuals equirements of 42 CFR Part agency, under the authomposes broader sanctions.	1002, Sub	

TN No. $0/1-10$		0.0.10	00	. 543
Supersedes TN No. 87-06	Approval Da	ate FEB 0 2 19	Sffective Date	
TN No. $87-06$				

HCFA ID: 1010P/0012P

78ªUTTILIAL

Revision: HCFA-AT-87-14

OCTOBER 1987

(BERC)

OMB No.: 0938-0193

4.30 Continued

State/Territory:

Maine

Citation

(b) The Medicaid agency meets the requirements of-

1902(p) of the Act P.L. 100-93 (secs. 7)

- (1) Section 1902(p) of the Act by excluding from participation--
 - (A) At the State's discretion, any individual or entity for any reason for which the Secretary could exclude the individual or entity from participation in a program under title XVIII in accordance with sections 1128, 1128A, or 1866(b)(2).
 - (B) Any HMO (as defined in section 1903(m) of the Act) or an entity furnishing services under a waiver approved under section 1915(b)(1) of the Act, that--
 - (i) Could be excluded under section 1128(b)(8) relating to owners and managing employees who have been convicted of certain crimes or received other sanctions, or
 - (ii) Has, directly or indirectly, a substantial contractual relationship (as defined by the Secretary) with an individual or entity that is described in section 1128(b)(8)(B) of the Act.

FED U & 1500 Approval Date

Effective Date _OCT - 1 1007

HCFA ID: 1010P/0012P

UTTIVIAL

79	h

Revision:	HCFA-AT-87-14 OCTOBER 1987	(BERC)	OMB No.: 0938-0193 4.30 Continued
	State/Territory	: <u>Ma</u>	ine
Citation 1902(a)(39 P.L. 100-9)) of the Act	(2) Sec	tion 1902(a)(39) of the Act by
(sec. 8(f)		(A)	Excluding an individual or entity from participation for the period specified by the Secretary, when required by the Secretary to do so in accordance with sections 1128 or 1128A of the Act; and
		(B)	Providing that no payment will be made with respect to any item or service furnished by an individual or entity during this period.
	(c)	The Med	icaid agency meets the requirements of
1902(a)(41 of the Act P.L. 96-27 (sec. 308(2,	pro is oth	tion 1902(a)(41) of the Act with respect to mpt notification to HCFA whenever a provider terminated, suspended, sanctioned, or erwise excluded from participating under s State plan; and
1902(a)(49 P.L. 100-9 (sec. 5(a)		pro reg pra aut	tion 1902(a)(49) of the Act with respect to viding information and access to information arding sanctions taken against health care ctitioners and providers by State licensing horities in accordance with section 1921 of Act.
	17		
TN No. \(\frac{1}{2} \) Supersedes TN No. \(\frac{1}{2} \)	1-/U S App	oroval Da	te <u>FEB N 0 1988</u> Effective Date

HCFA ID: 1010P/0012P